

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 538689

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7	1					
8		1				
9		1				
10		2				
11		2				
12		2				
13		3				
14		2				
15	1					
16		1				
17	1					
18		1				
19		4				
20		4				
21	1					
22		1				
23		2				
24		2				
25		2				
26	1					
27		1				
28		2				
29		2				
30		2				
31		2				
32	1					
33		1				
34		2				
35		2				
36		2				
37		2				
38	1					
39		1				
40		2				
41		2				
42		2				
43		2				
44	1					
45		1				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	77	←		←		←
TOTAL CLAIMS	86					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						